2000 UNIFORM BUSINESS REPORT (UBR)

FILED Sep 18, 2000 8:00 am Secretary of State **DOCUMENT # P02278** 1. Entity Name D & K FINANCIAL ENTERPRISES, INC. 09-18-2000 90045 028 ***558.75 Principal Place of Business Mailing Address 2808 BAYPOINTE CIR 2808 BAYPOINT CIR **TAMPA FL 33611 TAMPA FL 33611** US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 38-2478608 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name touda MOUNDA CHIDESTER, KAY A. Street Address (P.O. Box Number is Not Acceptable) 2808 BAYPOINT CIR **TAMPA FL 33611** 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE d or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Signature, typ FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11, 11. OFFICERS AND DIRECTORS 12. tres dest CR2E034 (5/00) Addition TITI F Delete TITLE ☐ Change Les BARNETT NAME CHIDESTER, KAY A. NAME Baypointe Cir STREET ADDRESS STREET ADDRESS 2808 BAYPOINT CIR CITY-\$T-ZIP CITY-ST-ZIP **TAMPA FL 33611** Addition TITLE ☐ Change ☐ Delete TITLE William BROOKS. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition ÎITI È ☐ Delete Houda Nousou de Cir NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITL F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

Sept. 12, 2000